

Name  
in  
Full

Telock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>13<sup>th</sup></i>	Age -	Months -	Days -
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed -			Occupation		
Name of Wife or Husband -					
Father's Name <i>Not Known</i>			Father's Birthplace -		
Mother's Maiden Name <i>Alberta Clark</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Eva Stimpford</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Born dead</i>	How long -
Immediate -	How long -
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Enoch George MD</i>
	Address <i>Denton Caroline Co Maryland</i>
Accident or Suicide? -	



Name in Full

Certificate of Death

Petr N. Collins

Town

County

MARYLAND

Died at

Anston Caroline

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 27

Age

73.2

Del

Sailor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Elizabeth A. Collins

Wife

Father's

Mother's

Name

John Collins

Maiden Name

Diana Noble

Cause of

Primary

Cholera Morbus

How long sick

Death

Immediate

Apoplexy

Accident, Suicide, Homicide

Reported by

J. L. Noble 13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Florence Daniels

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bentley</i> <small>Town</small>			<i>Caroline</i> <small>County</small>			MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>27</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dublin Md</i>				
Married, Single or Widowed <i>Infant -</i>			Occupation <i>-</i>				
Name of Wife or Husband <i>7</i>							
Father's Name <i>Patrick Daniels</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Florence Holmes</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Caroline Holmes</i>				How related to deceased <i>Nurse</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Weakness</i>	How long <i>-</i>
Immediate <i>Exhaustion</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Enoch George M.D.</i>
	Address <i>Bentley Caroline Co Maryland</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

Handy Dennis Davis

## CERTIFICATE OF DEATH

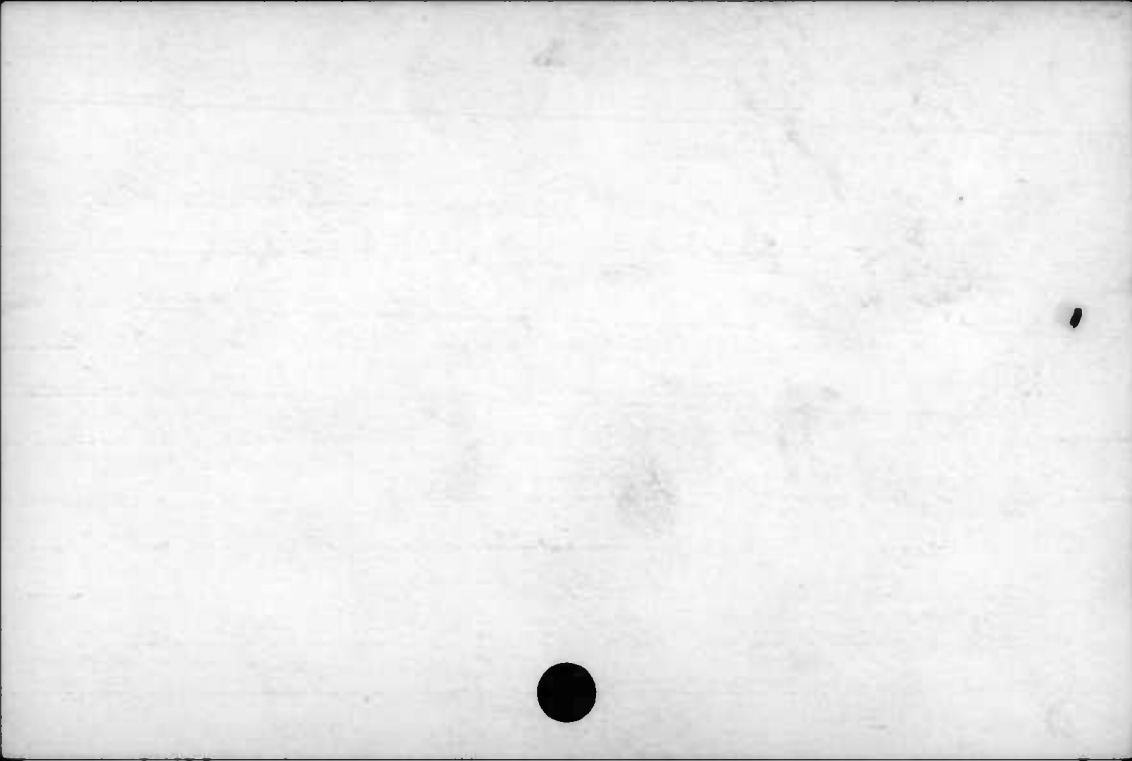
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seaboard</u> <sup>Town</sup>		<u>Leahurine</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>3</u> <sup>Month</sup>	<u>10</u> <sup>Day</sup>	Age <u>45</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Berlin Maryland</u>	
Married, <del>Single</del> or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Peter L. Davis</u>			Father's Birthplace <u>Berlin Md</u>		
Mother's Maiden Name <u>Lear Anna Bowers</u>			Mother's Birthplace <u>Berlin Md</u>		
Name of person giving Information <u>Peter L. Davis</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>5 Years</u>
Immediate <u>27</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Manship</u>
	Address <u>Seaboard Maryland</u>
Accident or Suicide? <u>      </u>	

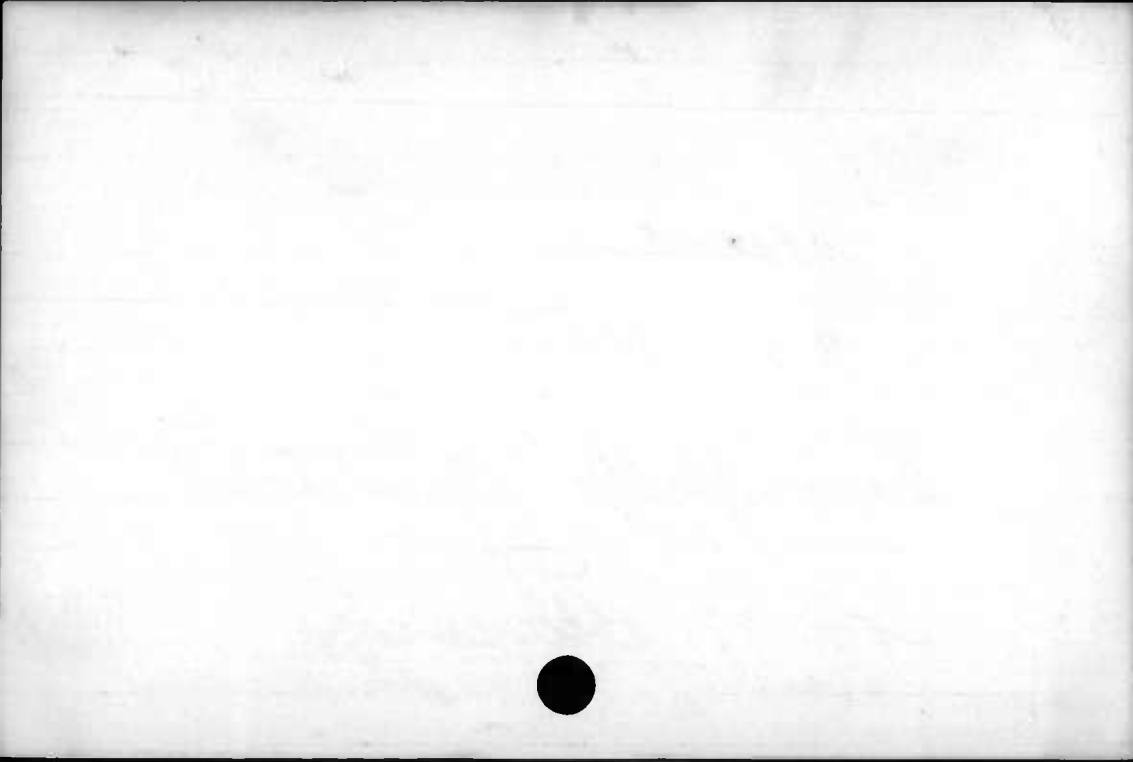




Name in Full		Louisia Garrett				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Burrville	County Caroline		MARYLAND		
		Date of death 1903	Month March	Day 14	Age 67.	Years	Months	Days	
		Sex	Female		Color or Race	White		Birth- place	Maryland
		Married, Single or Widowed	Widow		Occupation		Housekeeper		
		Name of Wife or Husband							
		Father's Name		John Thawley			Father's Birthplace	Maryland	
		Mother's Maiden Name		Rachael Smith			Mother's Birthplace	Delaware	
Name of person giving Information		Willona H Thawley			How related to deceased		Nephew		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		General Dropsy 177				3 years			
		Immediate				How long			
		Exhaustion.							
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Enoch George MD			
				Address		Deerlin Caroline County Maryland			
Accident or Suicide?		-							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>Mar</i>	Day <i>7</i>	Age Years <i>60</i>	Months Days
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>New York</i>	
	Married, Single or Widowed <i>married</i>		Occupation <i>housewife</i>		
	Name of Wife or Husband <i>R. W. Hunt</i>				
	Father's Name			Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
	Name of person giving In formation			How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Phthisis</i>		How long <i>One year</i>		
	Immediate		How long <i>27</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Kemp Jefferson</i>		
			Address <i>Federalburg Md</i>		
	Accident or Suicide? <i>—</i>				



Name  
in  
Full

Thomas Frederick Johnson

## CERTIFICATE OF DEATH

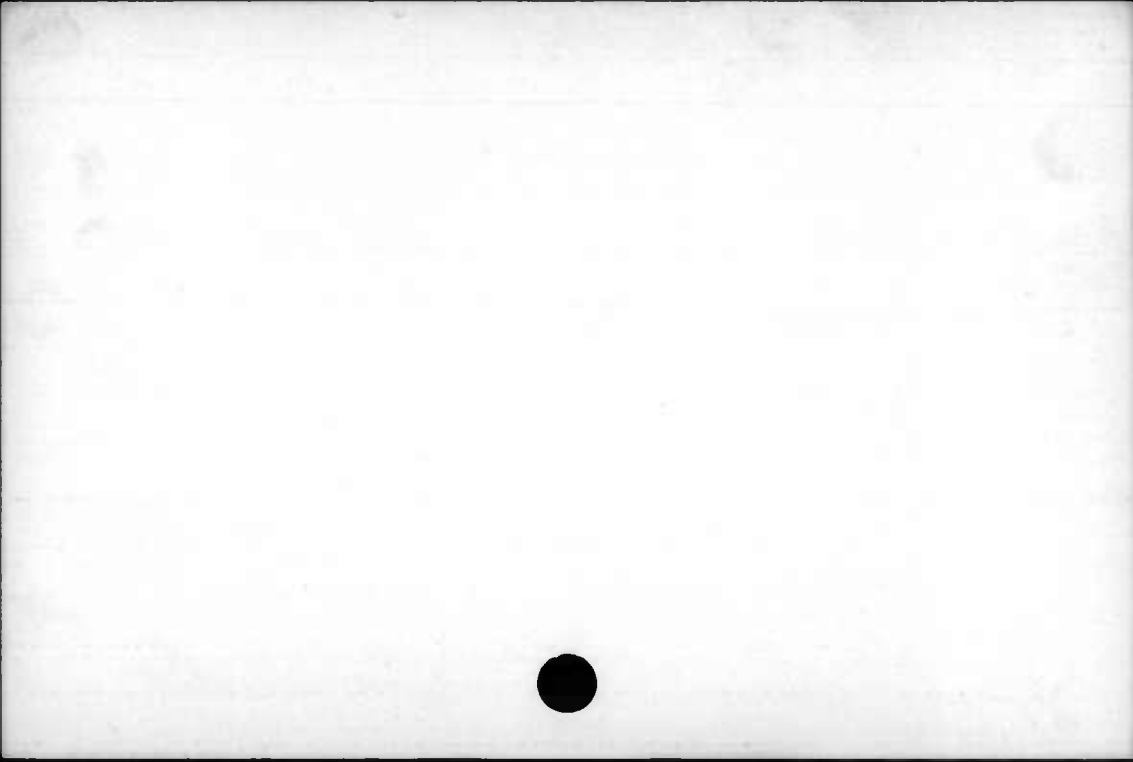
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Denton		County Caroline		MARYLAND	
Date of death 1903	Month March	Day 12	Age	Years	Months	Days	125
Sex Male		Color or Race White		Birth- place Denton Md			
Married, Single or Widowed -			Occupation Infant				
Name of Wife or Husband -							
Father's Name Thomas Frederick Johnson				Father's Birthplace Maryland			
Mother's Maiden Name Maud Fisher				Mother's Birthplace Delaware			
Name of person giving In formation Enoch George M D				How related to deceased Physician			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inhalation	How long	6 days
Immediate	Exhaustion	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Enoch George M D	
		Address Denton Caroline Co Maryland	
Accident or Suicide?		-	



Name  
in  
Full

Hester &amp; Morris

## CERTIFICATE OF DEATH

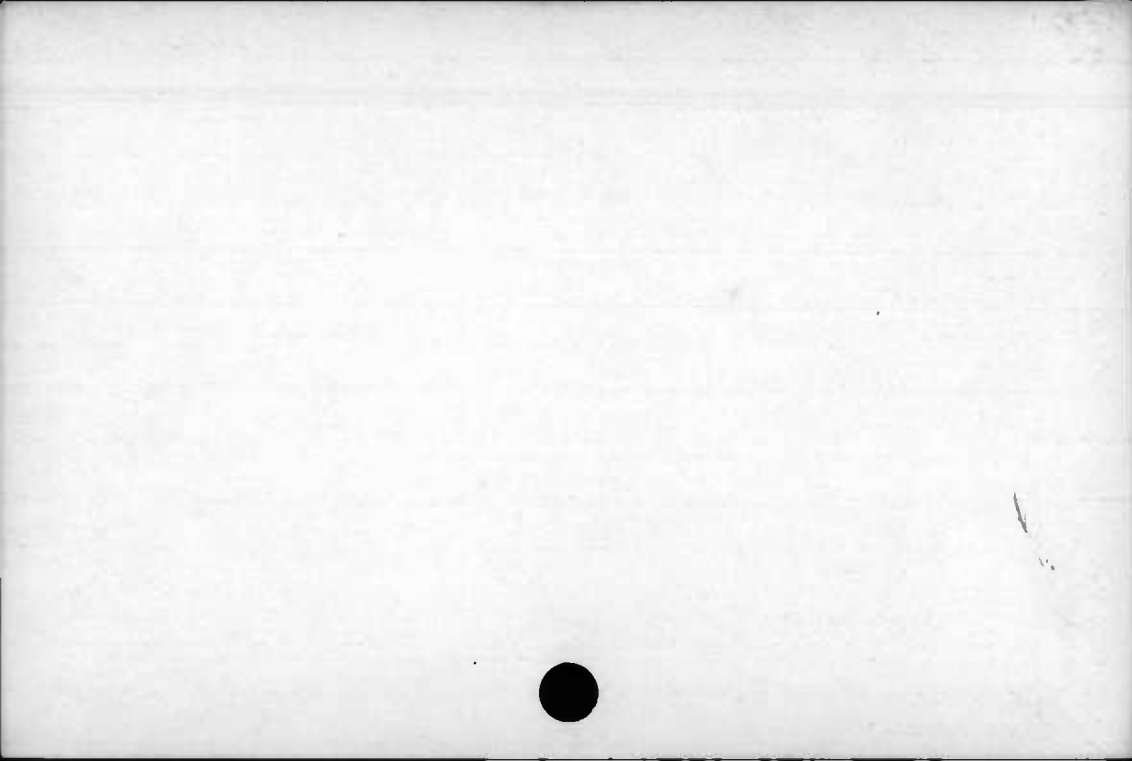
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>denton</i>		County <i>Caroline</i>		MARYLAND					
Date <i>11</i> 3		Month <i>March</i>		Day <i>9</i>		Years <i>75</i>		Months		Days	
Sex <i>males</i>		Color or Race		Birth-place <i>Talbot Co Md</i>							
Married, Single or Widowed <i>Widow</i>		Occupation <i>house work</i>									
Name of Wife or Husband <i>George Martin</i>											
Father's Name <i>Edad Gibson</i>		Father's Birthplace									
Mother's Maiden Name <i>Annell Gibson</i>		Mother's Birthplace									
Name of person giving information <i>Gene Gibson</i>		How related to deceased									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>3 years</i>	
Immediate <i>General Debility</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>179</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thos Howard</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>30</i>	Years <i>Age about 50</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Old-age</i>		Birth-place <i>Not known</i>	
<del>Married, Single</del> or <del>Widowed</del> <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Henry Beck</i>				How related to deceased <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old-age</i>	How long <i>66</i>
Immediate <i>Paralysis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>so far as known</i>	Signature of Physician <i>Thos. Sanderson</i>
<i>8</i>	Address <i>Burrowsville Md</i>
	Accident or Suicide?



Name in Full *Sparklin*  
 Died at *Hillboro* <sup>Town</sup> *Caroline* <sup>County</sup> *MARYLAND*

Date 19 *63* <sup>Month</sup> *8* <sup>Day</sup> *9* Age *Stillborn* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Native of \_\_\_\_\_ Occupation \_\_\_\_\_  
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒  
 Female ☒ Colored ☒ Single ☒ Widower ☒ ~~Number of children living~~

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *Isaac Sparklin* Mother's Name *Pearl Smith*

Cause of Death { Primary *Stillborn* Immediate *Stillborn* } How long sick \_\_\_\_\_  
 Accident, Suicide, Homicide

Reported by *H. M. Rickard*  
 Address *Ridgely Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lotta A Stafford

Town

County

Died at

New Preston

Caroline

MARYLAND

Date 1903

Month

Day

3 23

Y.

M.

D.

Age

75

Native of

Md

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John O. Stafford

Cause of

Primary

Hemiciplegia

Cerebral

How long sick

7 days

Death

Immediate

General Paralysis

Accident, Suicide, Homicide

Reported by

J. L. Noble M.D.

Address

Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret E Starnes

Town

County

Died at

near Preston Caroline

MARYLAND

Date 19

93 Mch 10

Age

65; 5

Native of

Md

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

James H Starnes  
Noah E Morris

Mother's

Maiden Name

Cause of

Primary

Consumption

Death

Immediate

Exhaustion

How long sick

6 mo

~~Accident~~ ~~Swindle~~ ~~Homicide~~

Reported by

Address

J L Noble M D  
Preston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868





Name  
in  
Full

Ella Thomas

CERTIFICATE OF DEATH

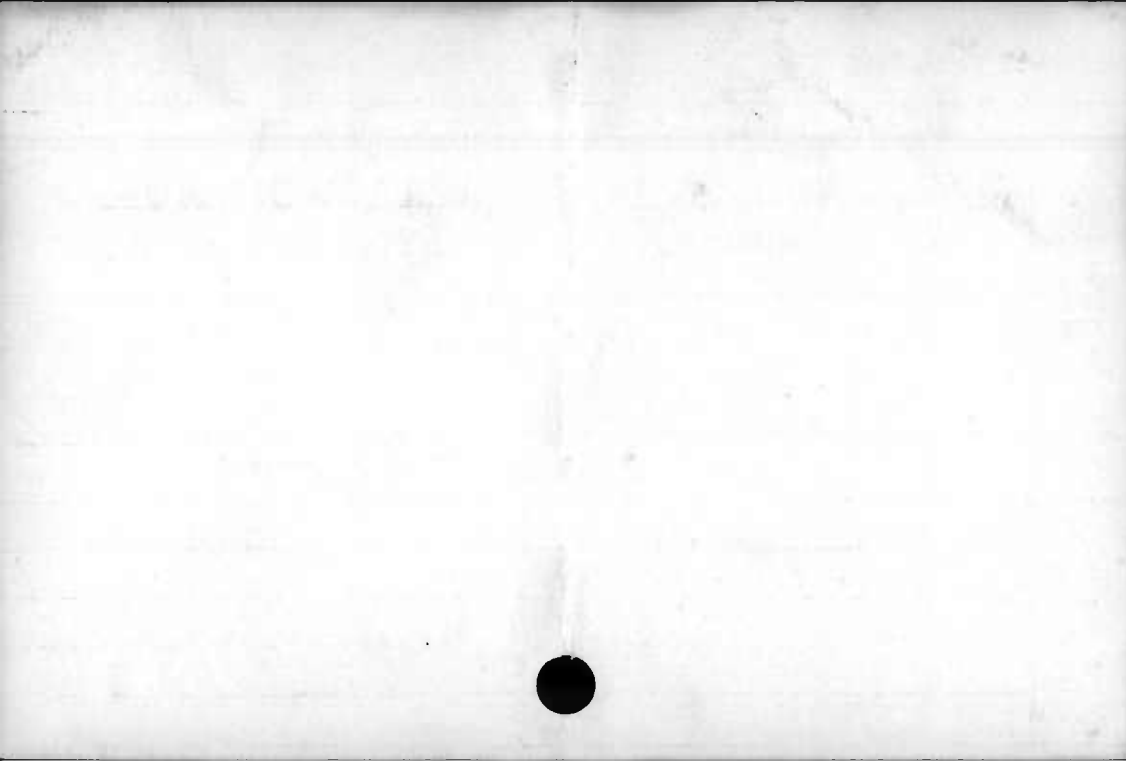
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mar Ridge</u> <small>Town</small>		<u>Leopoldo Co</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>March</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age <u>9</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
<del>Married, Single</del> <del>or Widowed</del>			Occupation		
Name of Wife or Husband					
Father's Name <u>Eded Thomas</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Gross</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Fred Thomas</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>18 Months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. M. Mansfield</u>
	Address <u>Denton Maryland</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Marceline Thomas

Town

County

Died at

Ridgely

Caroline

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

3

14

Age

19

7

Mid

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Alfred Thomas

Maiden Name

Anna Gross

Cause of

Primary

How long sick

6 weeks

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

W. W. Goldsberry &amp; M. D.

Address

Greensboro,

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>Mena Wilson</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Ridgely</b> Town <b>Ridgely</b> County <b>Caroline</b>		MARYLAND
	Date of death 190 <b>3</b> Month <b>March</b> Day <b>1</b>	Age <b>0</b> Years	Months <b>6</b> Days <b>0</b>
	Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place <b>Caroline Co.</b>
	Married, Single or Widowed <b>Infant</b>		Occupation
	Name of Wife or Husband		
	Father's Name <b>Willie E. Wilson</b>	Father's Birthplace <b>Caroline Co.</b>	
	Mother's Maiden Name <b>Josephine Horner</b>	Mother's Birthplace <b>Caroline Co.</b>	
Name of person giving information <b>W. E. Wilson</b>		How related to deceased <b>her Parents</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Pneumonia</b>		How long <b>Four days</b>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>H. N. Richards</b>	
	Accident or Suicide? <b>no</b>	Address <b>Ridgely, Caroline Co. Md.</b>	

Pritchett

Near Ridge

3-1-3-3